

# COMMONWEALTH OF KENTUCKY MOTORCYCLE SAFETY EDUCATION PROGRAM

## Approval Process for Instructor

### Approval Procedures

Individuals interested in becoming approved motorcycle rider instructors shall submit an application with other required records to the Justice and Public Safety Cabinet. The Justice and Public Safety Cabinet shall approve or deny the application in writing no later than 30 days after receiving a complete application and required documents.

The attached application, certified driving record for the previous five years, and the training course diploma or certificate of completion should be submitted to:

Jay Huber  
Motorcycle Safety Education Program Administrator  
125 Holmes Street  
Frankfort, KY 40601

If you need to contact Mr. Huber, see below for his information:

Jay Huber      Phone: (502) 564-1568 ext. 4235  
E-Mail: jay.huber@ky.gov

### **ALL APPLICATIONS MUST INCLUDE THE FOLLOWING:**

**Please attach all required information in the order shown below.**

**Application packets must be complete to be reviewed. Incomplete packets will be returned.**

#### **1. Documentation of Qualifications**

- ☐ Attached is a copy of a diploma, certificate of completion, or other similar documentation from the training program to verify completion of one of the approved training programs.

#### **2. Requirements pursuant to KRS 15A.354**

- ☐ Attached is a copy of the Applicant's motorcycle driver's license or endorsement and Applicant is at least eight (18) years of age;
- ☐ Certification that applicant has at least two (2) years of recent motorcycle riding experience;
- ☐ Applicant's driver's license has not been suspended or revoked at any time during the preceding two (2) years or at any time within the preceding five (5) years for any alcohol or drug related offense. Attached is a Kentucky Transportation Cabinet Clearance Letter containing certified copy of driving history for the previous five years;
- ☐ For a nonresident, attached is a certified copy of applicant's driving history for the previous five years from the state in which applicant has a driver's license.

**COMMONWEALTH OF KENTUCKY  
MOTORCYCLE SAFETY EDUCATION PROGRAM**

**INSTRUCTOR APPLICATION**

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**New Instructor:** *Yes or No* **If no then Instructor #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Authorizing Body: (Circle One)** *MSF* *Total Control* *Motorcycle Ohio* *Other*

**Returning Instructors - Did you teach at least 2 classes per year since your last application?** *Yes or No*

**Course(s) certified to teach:** \_\_\_\_\_

**State(s) certified to teach in other than KY:** \_\_\_\_\_

**Do you currently own and regularly operate a motorcycle?** *Yes or No*

**How many years have you operated a motorcycle?** \_\_\_\_\_ **Miles ridden in the last year?** \_\_\_\_\_

**What type of motorcycle(s) do you own?** \_\_\_\_\_

**What type of riding are you currently doing? (Circle all that apply)** *Dirt* *Touring* *Commuting* *Sport*

**Have you ever been involved in competitive motorcycle racing?** *Yes or No*

**If yes, what type? (Circle all that apply)** *Motocross* *Enduro* *Flat Track* *Trials* *Road*

**Do you have a CPR Certification?** *Yes or No* **First Aid Training?** *Yes or No*

I agree to abide by all requirements stated in 500 KAR 15.010 concerning instructors. I understand that if I violate any of the requirements as provided in the statutes or regulation, the cabinet is empowered to revoke or deny my approval. I have completed the required hours of specialty training.

I certify that the information given in this application form is correct and complete to the best of my knowledge. I am aware that falsification of any information may result in denial or revocation of approval.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_